## PART B - FEE(S) TRANSMITTAL

Complete an

and this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or <u>Fax</u>

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed wh appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590

12/30/2003

SUGHRUE MION, PLLC Suite 800 2100 Pennsylvania Avenue, NW Washington, DC 20037-3213



Note: A certificate of mailing can only be used for domestic mailings of Fee(s) Transmittal. This certificate cannot be used for any other accompany papers. Each additional paper, such as an assignment or formal drawing, m have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the Un
States Postal Service with sufficient postage for first class mail in an envel
addressed to the Mail Stop ISSUE FEE address above, or being facsim
transmitted to the USPTO, on the date indicated below.

(Depositor's na (Signat Œ

| AF | PPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|----|----------------|-------------|----------------------|---------------------|------------------|
|    | 10/087,835     | 03/05/2002  | Jean-Pierre Harel    | Q68669              | 4779             |

TITLE OF INVENTION: MICROWAVE FILTER AND A TELECOMMUNICATION ANTENNA INCLUDING

| APPLN. TYPE        | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|--------------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional     | NO           | \$1330    | \$300           | \$1630           | 03/30/2004 |
| EXAMINER           |              | ART UNIT  | CLASS-SUBCLASS  | ]                |            |
| NGUYEN, PATRICIA T |              | 2817      | 333-134000      |                  |            |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

 $\mbox{\ensuremath{\square}}$  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

SUGHRUE MION, : PLLC

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ALCATEL

PARIS, FRANCE

| Please check the appropriate assignee category or catego | ries (will not be printed on the patent); | u individual | Corporation or other private gro | up entity 🚨 governm                  |
|--|---|--------------|----------------------------------|--------------------------------------|
| 4a. The following fee(s) are enclosed:                   | 4b. Payment of Fee(s):                    |              |                                  | )                                    |
| Publication Fee  |   |              | he NOA Fees payment.             |                                      |
| ☐ Advance Order - # of Copies                            | Please charge credit overpay              |              | ent deficiency and DDA 19-4880.  | dit any overpayment y of this form). |

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Date)

(Authorized Signature)

Reg. 18,879

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

03/23/2004 AWDNDAF2 00000054 10087835

01 FC:1501 02 FC:1504 1330.00 GP

300.00 OP